

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS4585HHA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/15/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>HEALTH &amp; CARE PROFESSIONAL NETWORK LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4535 W SAHARA AVE SUITE 100A LAS VEGAS, NV 89102</b>		
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H 00	<p><b>INITIAL COMMENTS</b></p> <p>This Statement of Deficiencies was generated as a result of a Focused State Licensure Survey conducted in your facility on July 13, 2010 and finalized on July 15, 2010, in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The patient census at the time of survey was 37. Eleven patient records were reviewed. Eleven employee records were reviewed. Three home visits were conducted.</p> <p>The following deficiencies were identified:</p>	H 00		
H129	<p>449.770 Governing Body; Bylaws</p> <p>4. The governing body is responsible for periodic administrative and professional evaluations of the agency.</p> <p>This Regulation is not met as evidenced by: Based on document review and staff interview,</p>	H129		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H129	Continued From page 1  the agency governing body failed to provide for annual administrative and professional evaluations of the agency.  1. Documents recording the annual evaluation of the agency were requested. The owner of the agency stated, during an interview on the afternoon of 7/13/10, that the agency was last evaluated in March of 2010. The agency lacked documented evidence of the agency evaluation for March of 2010. Documentation was provided for the annual evaluation that took place in 2008. The agency lacked documented evidence of an annual evaluation for 2009.  2. During an interview on the afternoon of 7/13/10, the owner of the agency confirmed that the policies and procedures would be reviewed as part of the agency evaluation. The policy and procedure manual contained a sign off list at the beginning of the book for the tracking of review of this manual. The last entry and signature on the document was dated in 2007.  Scope: 2 Severity: 2	H129			
H140	449.779 Professional Advisory Group  1. The professional advisory group must be appointed by the governing body and shall assist in establishing written policies covering skilled nursing, other therapeutic services and other aspects of professional health. These policies must be reviewed at least annually and revised as necessary, and must cover the following: (a) The scope of services offered; (b) Administrative records; (c) Personnel qualifications and responsibilities; and (d) The evaluation of programs.	H140			

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H140	Continued From page 2  This Regulation is not met as evidenced by: Based on document review and staff interview, the agency failed to provide for review of the policies and procedures by the professional advisory group as required by statute.  1. During an interview on the afternoon of 7/13/10, the owner of the agency confirmed that the policies and procedures would be reviewed as part of the agency evaluation. The policy and procedure manual contained a sign off list at the beginning of the book for the tracking of review of this manual. The last entry and signature on the document was dated in 2007.  Scope: 2 Severity: 2	H140			
H142	449.779 Professional Advisory Group  3. The advisory group shall meet at regular intervals, but at least once a year. Dated minutes must reflect an evaluation of overall agency performance, including the availability of services, the utilization of services and the quality of services. Recommendations must be forwarded to the governing body. This Regulation is not met as evidenced by: Based on documentation review and staff interview, the agency failed to provide for a professional advisory group to meet at least yearly to evaluate and review the agency operation as required by statute.  1. Documents recording the annual evaluation of the agency were requested. The owner of the agency stated, during an interview on the afternoon of 7/13/10, that the agency was last evaluated in March of 2010. The agency lacked documented evidence of the agency evaluation for March of 2010. Documentation was provided	H142			

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H142	Continued From page 3  for the annual evaluation that took place in 2008. The agency lacked documented evidence of an annual evaluation for 2009.  Scope: 2 Severity: 2	H142			
H151	449.782 Personnel Policies  A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 5. Job descriptions for each category of personnel which are specific and include the type of activity each may carry out; This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to include a job description in the personnel file for 4 of 11 employees. (Employees #2, #4, #7 and #8)  1. Review of personnel record revealed lack of documented evidence that Employees #2, #4, #7 and #8 had job descriptions for the duties to be performed by each employee.  Scope: 2 Severity: 1	H151			
H152	449.782 Personnel Policies  A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be	H152			

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H152	<p>Continued From page 4</p> <p>reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:</p> <p>6. The maintenance of employee records which confirm that personnel policies are followed; This Regulation is not met as evidenced by: NRS 449.179 Initial and periodic investigations of criminal history of employee or independent contractor of certain agency or facility.</p> <p>1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall:</p> <p>(a) Obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime listed in NRS 449.188 &lt;<a href="http://www.leg.state.nv.us/NRS/NRS-449.html">http://www.leg.state.nv.us/NRS/NRS-449.html</a>&gt;;</p> <p>(b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a);</p> <p>(c) Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and</p> <p>(d) Submit to the Central Repository for Nevada Records of Criminal History the fingerprints obtained pursuant to paragraph (c).</p> <p>2. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a</p>	H152			

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H152	Continued From page 5  residential facility for groups is not required to obtain the information described in subsection 1 from an employee or independent contractor who provides proof that an investigation of his criminal history has been conducted by the Central Repository for Nevada Records of Criminal History within the immediately preceding 6 months and the investigation did not indicate that the employee or independent contractor had been convicted of any crime set forth in NRS 449.188 < <a href="http://www.leg.state.nv.us/NRS/NRS-449.html">http://www.leg.state.nv.us/NRS/NRS-449.html</a> >. 3. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least once every 5 years. The administrator or person shall: (a) If the agency or facility does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor; (b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and (c) Submit the fingerprints to the Central Repository for Nevada Records of Criminal History. 4. Upon receiving fingerprints submitted pursuant to this section, the Central Repository for Nevada Records of Criminal History shall determine whether the employee or independent	H152			

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H152	<p>Continued From page 6</p> <p>contractor has been convicted of a crime listed in NRS 449.188 &lt;<a href="http://www.leg.state.nv.us/NRS/NRS-449.html">http://www.leg.state.nv.us/NRS/NRS-449.html</a>&gt; and immediately inform the Health Division and the administrator of, or the person licensed to operate, the agency or facility at which the person works whether the employee or independent contractor has been convicted of such a crime.</p> <p>5. The Central Repository for Nevada Records of Criminal History may impose a fee upon an agency or a facility that submits fingerprints pursuant to this section for the reasonable cost of the investigation. The agency or facility may recover from the employee or independent contractor not more than one-half of the fee imposed by the Central Repository. If the agency or facility requires the employee or independent contractor to pay for any part of the fee imposed by the Central Repository, it shall allow the employee or independent contractor to pay the amount through periodic payments.</p> <p>(Added to NRS by 1997, 442; A 1999, 1946 &lt;<a href="http://www.leg.state.nv.us/Statutes/70th/Stats199912.html">http://www.leg.state.nv.us/Statutes/70th/Stats199912.html</a>&gt;; 2005, 2170 &lt;<a href="http://www.leg.state.nv.us/Statutes/73rd/Stats200521.html">http://www.leg.state.nv.us/Statutes/73rd/Stats200521.html</a>&gt;)</p> <p>Based on record review and staff interview, the agency failed to provide copies of the fingerprints for criminal background checks on employees as required by statute for 9 of 11 employees. (Employees #1, #2, #3, #4, #5, #7, #8, #9 and #11)</p> <p>1. Review of personnel records revealed lack of documentation of copies of fingerprints in the files as required by statute for employees #1, #2, #3, #4, #5, #7, #8 and #11.</p> <p>2. Review of personnel records revealed lack of</p>	H152			

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H152	Continued From page 7  documentation of results of criminal background check for the State of Nevada for Employees #7 and #9.  Scope: 3 Severity: 1	H152			
H153	449.782 Personnel Policies  A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 7. The annual testing of all employees who have contact with patients for tuberculosis pursuant to NAC 441A.375; and  This Regulation is not met as evidenced by: NAC 441A.375  3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other	H153			

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H153	Continued From page 8  single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis. 5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis. 6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.	H153			

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H153	Continued From page 9  Based on record review it was determined that 7 of 11 employees did not have evidence of TB testing and/or prehire physicals in accordance with NAC 441.A375. (Employees #2, #3, #4, #5, #7, #10 and #11)  1. Review of employee records revealed lack of documented evidence of tuberculin testing as required by statute for Employees #2, #3, #5, #7, #10 and #11.  2. Review of employee records revealed lack of documented evidence of current tuberculin testing for Employee #4.  3. Review of employee records revealed lack of documented evidence of prehire physicals for Employees #2, #3, #5 and #7.  Scope: 3 Severity: 2	H153			
H175	449.793 Evaluation by Governing Body  1. The governing body of an agency is responsible for providing for an evaluation of the agency once a year. The purpose of the evaluation is to audit, review policies and procedures, and recommend additions or changes and ensure that the policies and regulations are being met. This Regulation is not met as evidenced by: Based on documentation review and staff interview, the governing body of the agency failed to provide for administrative and professional evaluation of the agency.  1. Documents recording the annual evaluation of the agency were requested. The owner of the agency stated, during an interview on the	H175			

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H175	Continued From page 10  afternoon of 7/13/10, that the agency was last evaluated in March of 2010. The agency lacked documented evidence of the agency evaluation for March of 2010. Documentation was provided for the annual evaluation that took place in 2008. The agency lacked documented evidence of an annual evaluation for 2009.  2. During an interview on the afternoon of 7/13/10, the owner of the agency confirmed that the policies and procedures would be reviewed as part of the agency evaluation. The policy and procedure manual contained a sign off list at the beginning of the book for the tracking of review of this manual. The last entry and signature on the document was dated in 2007.  Scope: 2 Severity: 2	H175			
H180	449.793 Evaluation by Governing Body  6. The governing body shall provide for a quarterly review of 10 percent of the records of patients who have received services during hte preceding 3 months in each services area. The members of the committee must include an administrative representative, a physician, a registered nurse and a clerk or librarian who keeps records. The clerk or librarian shall review the clinical records to ensure that they are complete, that all forms are properly filled out and that documentation complies with good medical practices. The committee shall determine whether the services have been provided to the patients in an adequate and appropriate manner by all levels of service. The committee shall record any deficiencies and make necessary recommendations to the administrator. If the branch offices are small, two or more offices may establish one committee to review cases from	H180			

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H180	Continued From page 11  each are. Each subunit agency must establish a committee to review cases within its area. Minutes of the committee's meetings must be documented and available for review. This Regulation is not met as evidenced by: Based on document review and staff interview, the agency failed to provide a physician and a clerk or librarian on the committee responsible for the quarterly review of patient clinical records and the agency failed to review 10% of the records of patients receiving services from the agency in the first quarter of 2010.  1. Review of the utilization review committee reports and documentation revealed the following:  a. The first quarter report documented review of 7 records for the first quarter of 2010. The patients served was listed as 71. Review of the records revealed a lacked of documented evidence that 7 records were reviewed. The records only contained 4 records that were reviewed by the committee for the first quarter, the administrative staff were unable to produce the other 3 records.  b. The utilization review committee consisted of a Registered Nurse (RN) who did the record review. There was no documented evidence that a physician or clerk participated in the review of the records as required by statute.  Scope: 2 Severity: 2	H180			
H188	449.797 Contents of Clinical Records  Clinical records must contain: 5. A copy of: (a) The patient's durable power of attorney	H188			

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NAME OF PROVIDER OR SUPPLIER  <b>HEALTH &amp; CARE PROFESSIONAL NETWORK LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4535 W SAHARA AVE SUITE 100A LAS VEGAS, NV 89102</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H188	Continued From page 12  for health care, if the patient has executed such a power of attorney pursuant to NRS 449.800 to 449.860, inclusive; and (b) A declaration governing the withholding or withdrawal of life-sustaining treatment, if the patient has executed such a declaration pursuant to NRS 449.600. This Regulation is not met as evidenced by: Based on record review and staff interview, the agency failed to have a copy of the patient's durable power of attorney for health care and/or advanced directives documentation in the patient's record for 2 of 11 patient records reviewed. (Patients #1 and #10)  1. Interview with the Director of Professional Services/Administrator on the morning of 7/14/10 revealed that the agency had not been attempting to obtain copies of either the power of attorney for healthcare or the advanced directives documentation.  2. During record review it was noted that the following patient records reviewed contained no documented evidence of a copy of the advanced directives documentation. Patient #1 and #10.  Scope: 1 Severity: 2	H188			
H200	449.800 Medical Orders  8. New orders are required when there is a change in orders, a change of physician or following hospitalization. This Regulation is not met as evidenced by: Based on clinical record review, the agency failed to obtain new orders for changes made to the plan of care for 7 of 11 patients sampled. (Patients #1, #3, #6, #9, #10, #5 and #8)	H200			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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H200	<p>Continued From page 13</p> <ol style="list-style-type: none"> <li>1. Patient #1, the record lacked documented evidence that the physician had been consulted and an order written for the missed skilled nursing visits, missed care by the home health aide and the missed physical therapy evaluation. This was confirmed by the Director of Professional Services on 7/13/10 at 4:40 PM.</li> <li>2. Patient #3, the record lacked documented evidence that the physician had been consulted and an order written for the missed skilled nursing visits.</li> <li>3. Patient #6, the record lacked documented evidence that the physician had been consulted and an order written for the missed skilled nursing visits and the missed physical therapy evaluation.</li> <li>4. Patient #9, the record lacked documented evidence that the physician had been consulted and an order written for the missed skilled nursing visits.</li> <li>5. Patient #10, the record lacked documented evidence that the physician had been consulted and an order written for the missed skilled nursing visits.</li> <li>6. Patient #5, the record lacked documented evidence that the physician had been consulted and an order written for the missed skilled nursing visits and the missed physical therapy evaluation.</li> <li>7. Patient #8, the record lacked documented evidence that the physician had been consulted and an order written for the missed skilled nursing visits and missed home health aide visits.</li> </ol>	H200			

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H200	Continued From page 14 Scope: 2 Severity: 2	H200			

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